

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB AMENDED Registration District No. 336 Primary Registration District No. 6131 Registrar's No. 263 STATE FILE NUMBER 0004984

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montier</u>		c. CITY OR TOWN <u>Montier</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dora Helen Bates</u>		4. DATE OF DEATH Month Day Year <u>January 30 1965</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15 - 06</u>
9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Wm. Purl</u>	
13b. MOTHER'S MAIDEN NAME <u>Abbey M. Pruitt</u>		14. NAME OF HUSBAND OR WIFE <u>Omer Bates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>352-20-1819</u>	17. INFORMANT <u>Omer Bates</u> Address <u>Montier, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 MIN.</u> <u>5 MIN.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed to the terminal disease condition entered in Part I (a) <u>DIABETES MELLITUS + OBESITY</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>CIRCULATORY ACCIDENT</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>6</u> Month, Day, Year <u>1 30 65</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (In or about home, farm, factory, office bldg., etc.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>MONTIER</u>
		COUNTY <u>SHANNON</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>5 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Denton Wilson</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>	22c. DATE SIGNED <u>2-2-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/2/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montier Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Montier, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-5-65</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Rollins per Bruce Selvey</u>

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FEB 10 1965

Permit Obtained

1 MIN.
2 MIN.

STATEMENT BY LICENSED EMBALMER
MYOCARDIAL INFARCTION
THROMBOSIS

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or, by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____

Signature of Student Embalmer

Signed Charles D. Poston

Licensed Embalmer No. 5107

WONTER
HOME
CHANNON, MO.

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

5-5-61